

Name



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Office:

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2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Waller K. Dooley	District			
Mailing address				
263 Cowen Hill Road				
processing the same of the sam	City, zip code			
Farmingles 04	938	778-2368		
,				
PART 1. INCOME DERIVE	D FROM EMPLOYMENT BY ANO	THER		
List the name and address of each employer from whom yo economic activity of each employer.	u received compensation of \$1,000 or	more. Specify the principal type of		
Name of Employer	Address	Principal Type of Economic		
		Activity of Employer		
None				
	the data and and and and and and and an analysis of the data and an anomal and an analysis of the data and and an an an analysis.			
BAY-CANALA				
TO A PORT A PARA PARA PARA PARA PARA PARA PARA				
	IVED FROM SELF-EMPLOYMEN	T		
	s who are self-employed.)			
 A. List the name and address of your business, if any, and li associated with a partnership, firm, professional association, 	or similar business entity, list the major	rrom which you derived income. It or areas of economic activity of that		
entity.	•	•		
		Major Areas of Economic		
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Activity		
	(active)	(partnership, association or similar business entity)		
Name: Maine state Retirement System	Government	STATE GOV T		
Address: Augusta, Maine				
Name: Social Security	Gov't	Govit		
Address: Federal	_			

PART 2 (continued). INCOME DERIVED FF (For Legislators who are self-er				
B. List each source of income derived from self-employment that represents m greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	ore than 10% of your gross	ed such income. If this form of		
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income		
Name: MT. Blue Forestry Enterprises Address: 243 Cowen Hill Rd. Farming Ten Me. 04938	\(\frac{\times}{\times}\)	Jungs Trees Timber Sales		
Name: Address:				
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-	at-law only.)			
List your major areas of practice. If associated with a law firm, list the major area	by value, Julianous second a three of subsected by being the description of the state of the second section of	et also construction of the first place of the problem of the primary filter and place of the primary in the construction of t		
Name and Address of Firm	Major Areas of Practice (self)	Major Areas of Practice (firm)		
Name:				
Address:	Modforedunistasis Validatinis m			
Name:		WARRANT LINES		
Address:		PPPPPPPPP		
PART 4. OTHER SOURCES O	i Svenski njek i Speriode ne vrda kao kraje na objekt	ierūničinikas ir likuroje printeriks ir i Karanoje silike ir kuraksilikas ir ir ir		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this	orm. Do not include gifts. I	f none, check the box.		
None	enterin (1885 kaltura kalinga kalinga terperinta kalinga kalinga kara-ta di nakatakan kana ta ta kalinga ta ta			
Name and Address of Source		Kind of Income (investments, leases, etc.)		
Name: None	A Status, I Brain, and A STREWING SIGHT WEIGHT PERSON AND AND AND AND AND AND AND AND AND AN	ગગલમાં આવ્યાં હોલાં હોલાં હાલાઇ આવ્યા પાત્રે જ્યારા હાલાં જ્યારા અને જન્મની અને અન્ય અર્જા જેવી હોલો હોલાના આવાનો		
Address:	to make your property and the second			
Name:		dengeration to the electric to the electric course are account or except the electric to the electric training		
Address:	MARKA MARKANAY			
	<u> </u>			
PART 5. REPORTABLE LIA				
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that yo areas of economic activity of each creditor. Do not list credit card liability or loans	u received during the report s from a relative. If none, ch	rting period, and list the major neck the box.		
None		Professional Confessional State (Confessional Confessional Confessiona Confessional Confessional		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor		
Name:	storally			
Address:				
Name:				
Address:	is de Natural de de Comp			

PART 6	. REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Incl none, check the box.	lude gifts with an aggregate	value of more	than \$300 from a single source. If
☐ None	૧૯૧૧ જિલ્લામાં ભાગવાના સાથે કરવાના મહાના મહાન	enemment sharennin diseason vitamistan in vermitan vitasion	Альтова почения неводительного неводительного неводительного неводительного неводительного неводительного неводи
Name of Source of Gift 1.	3.	Name of	Source of Gift
2.	4.	har harasina kasisa	taban menintuk digi panadan menenggang ugung penggung peng
PART 7. RI List the source of any honoraria accepted for appearances or	EPORTABLE HONORAR		polibilities. If none check the how
None	specules related to your log	ingianistical indications in the indication in t	TISIDIBUES. II FIOTIE, CHECK UIE DOX.
Name of Source of Honoraria		Name of Sou	urce of Honoraria
1.	3.	e product i a elizaci i i i i elektro po al elektronio di producti i i i i elektronio di producti i i i elektronio di producti i i i elektronio di producti i i i elektronio di producti i i i elektronio di producti i i elektronio di producti i elektronio di elektronio di elektronio di producti i	
2.	4.		
PART 8. REPRESEN	TATION BEFORE STATE	AGENCIES	
List each executive branch agency before which you represe box.	ented or assisted others for	compensation	of any amount. If none, check the
None			
Name of Agency		Name	of Agency
1.	3.	appress stat-appe is desirate vidassa apparational a	TITETERAKKININ VIN-UT PINNIN UT-LAN WAR ARAW WARRIN PROPERTY OF UTVERSIONS OF UTBERFRANKEN ARTICLAS ALLERA
2.	4.		
PART 9. BUSIN	IESS WITH STATE AGEN	ICIES I	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	er of your immediate family	sold goods o	services with a value in excess of
None	LACON ASSULTY CONTRACTOR OF ANY PROPERTY AND LANGUAGE AND THE STATE OF ASSULTING THE STATE OF ASSULTS OF ASSUL	og (flere gliffer) yr eillyddio f Arding lliffer fa Andrella yr Francis yr Frysaf yn Llend	ШТЭГЭ-тал Элика Элика Алика Али
Name of Agency	kkkkernelijkju's elisjoja keptijas kjene in militari na kalenasin nyahir na junga pamiliji intar app daga paja Taran kalenasin na kalenasin kalenasin na kalenasin na kalenasin na kalenasin na kalenasin na kalenasin na kal	Name	of Agency
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		nd de little de la companya de la c	emakat manusuka muunuman manan manan aksi kanan aksi aksi kanan kanan kanan kanan kanan kanan kanan kanan kana
PART 10. INCOME RECEIVE	FD BY MEMBERS OF IM	MEDIATE E	AMILY
List the type of economic activity representing each source of	as on all some subsciped the some as as		
dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	I of income represented. If y include gifts.	our spouse o	r domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name:	1.	Spouse or	1.
Job Title:	2. 3.	Domestic Partner	2. 3.
	ne n	Dependent Child	To complete the sport of the sp
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Dependent Child	utoinneurungunnan seenus appropriete eterriteit sistematika kalanta – consuccionata proprieteit suotuministi ducuministi suotum e eneme.
activity and the kind of income.		Dependent Child	

any office, trust	eeship, directorsh	nip, or position	of any nature.	rtnership or business i Indicate whether you o ationship and the nam	or a family held the p	osition and whethe	
☐ None	Sirian mining managan m		THE RESERVE OF THE PROPERTY OF	APPENDENN Names Live A Dest Schelle (APPENDENN A GERMAN A SCHELLE AREA AND			the Committee of the Co
	Organization and Add	ress		Title	Position Held By:	Family Member's Name	Compen- sated?
MTB	lue For	estryE	in Terpo	ses President	Waiter Gooley		No
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rustispies kai eri eri Prepintigaraju entres				SIGNATURE			
A Legislator wh	no willfully fails	o file a requir	ed statement	is subject to a fine o	of up to \$100. (1 N	1.R.S.A. § 1017-A	
				me. If the Commiss fact to the Attorney			Legislator has
Wal	UNR Sign	Live Inature	ley	_ 2	Jan. 6,	<u> </u>)
			ADDITIO	NAL INFORMATIO	N		
Please provide the information	e any additional n you are provid	information bling.	pelow (and on	additional sheets if	needed). Indicate	e the part or secti	on number for
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PART 11. OFFICER OR DIRECTOR POSITIONS